Rev. 12/09/04 Complete if Known FEE TRANSMITTAL 09/995,304 Application Number: 11/27/2001 Filing Date: For FY 2005 Robert H. Kraus First Named Inventor. Do, Pensee T. Examiner Name: Applicant claims small entity status. See 37 CFR 1.27 Group/Art Unit: 1641 S-94,769 Attorney Docket No.: TOTAL AMOUNT OF PAYMENT: \$225 FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES 1. 

The commissioner is hereby authorized to charge indicated less and credit any over payments to: Large Entity Entity 12-2150 Deposit Account Number: Deposit Account Name: Los Alamos National Laboratory Fee Description Code (1) Code (5) Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 Fee Paid 1051 \$130 2051 \$85 Surcharge - late filling fee or oath 1052 \$50 zisz \$25 Surcharge - late provisional filing fee or cover sheet FEE CALCULATION 1812 \$25201812 \$2820 For filling a request for reexamination 1251 \$120 2251 \$60 Extension for reply within first month 1. COMBINED FILING FEE 225 1252 \$450 2252 \$225 Extension for rapily within second month Large Entity Small Entity Fee Paid Fee Description Fae Fee 1253 \$1020 2253 \$510 Extension for reply within third month \$0 Basic Filing fee 1001 \$300 2001 \$150 Relssue Filing fee 1004 \$300 2004 \$150 1254 \$1590 2254 \$795 Extension for reply within fourth month \$0 1111 \$500 2111 \$250 Search Fee 1255 \$2160 2255 \$1080 Extension for reply within fifth month \$0 1311 \$200 2311 \$100 Examination Fee Provisional Filing Fee 1005 \$200 2006 \$100 1401 \$500 2401 \$250 Notice of Appeal Provisional Size Fee 1085 \$250 2085 \$125 (for each additional 50 sheets that exceeds 100 sheets) 1402 \$500 2402 \$250 Filing a brief in support of an appeal 1403 \$1000 2403 \$500 Request for oral hearing SUBTOTAL (1) \$0 Petition to revive - unavoldable 1452 \$500 2452 \$250 EXTRA CLAIM FEES/APPLICATION SIZE FEE Terminal Disclaimer 1814 \$110 2814 \$55 Fee from Fee Paid Extra Petition to revive - unintentional 1453 \$1500 2453 \$750 Below Claims -20\*\* = Total Claims Petitions to the Director 1460 \$130 1460 \$130 \_3 **~ =** X Independent Submission of Information Disclosure Statement 1806 \$180 1806 \$180 = \$ X 180 Filing a submission after final rejection Multiple Dependent 1809 \$780 2809 \$395 (37 CFR 1.129 (a)) or number previously paid, if greater, For Relssues, see below For each additional invention to be 1810 \$790 2810 \$395 examined (37 CFR 1.129(b)) Entity Entity Fee Description 1811 \$100 1811 \$100 Certificate of Correction Fee Claims in excess of 20 1202 \$50 ZZ02 \$25 Publication fee for early, voluntary. 1504 \$300 1504 \$300 Independent claims in excess of 3 1201 \$200 2201 \$100 or normal publication/Republication fee Multiple dependent claim, if not 1203 \$360 2203 \$180 Request for Continued Examination (RCE) 1801 \$790 2801 \$395 pald. Reissue independent claims 1234 \$88 2204 \$44 Other fee (specify) over original patent " Reissue claims in excess of 20 1205 \$18 2205 \$9 \$225 SUBTOTAL (3) and over original patent APPLICATION SIZE FEE Reduced by Basic Filing Fee Paid 1081 \$250 2061 \$125.00 For each additional 50 sheats \$0 SUBTOTAL FROM 1 that exceed 100 sheets, \$0 SUBTOTAL FROM 2 including specification and \$225 SUBTOTAL FROM 3 drawings TOTAL AMOUNT OF PAYMENT \$225 \$0 SUBTOTAL (2) (Enter total amount at top of page) (Include total of Claims Fees and Size Fee here) Complete (if applicable) SUBMITTED BY

PAGE 3/20 \* RCVD AT 3/30/2005 5:19:17 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/5 \* DNB:8729306 \* CBID:505 565 4424 \* DURATION (mm-4s):08-16

2253 - 5/0

Robert P. Santandrea

Printed Name:

Signature:

04/01/2005 FMERCER 00000003 122150

45,072

(505) 667-3766

Reg. No.

Telephone

Date: 3/30/05